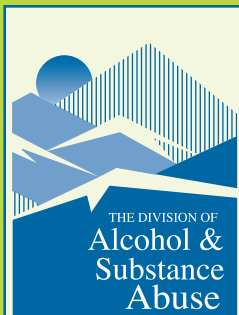


2002 Report

TOBACCO,
ALCOHOL
& OTHER DRUG
ABUSE
TRENDS
IN
WASHINGTON STATE



Direct inquiries for additional copies of
Tobacco, Alcohol, & Other Drug Abuse Trends in Washington State,

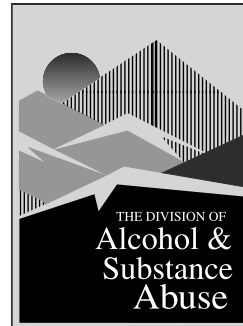
to:

Washington State Alcohol & Drug Clearinghouse
1-800-662-9111

This report is also available on the
Division of Alcohol and Substance Abuse website:
www1.dshs.wa.gov/dasa/

Tobacco, Alcohol, and Other Drug Abuse Trends in Washington State

2002 Report



David H. Albert

September 2002

Kenneth D. Stark, Director
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GARY LOCKE
Governor



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Message from the Governor
September 2002


It is my pleasure to share with you the 2002 edition of *Tobacco, Alcohol and Other Drug Abuse Trends in Washington*.

Chemical addiction places a heavy toll on communities throughout Washington. It not only devastates individuals and their families, but also is linked to increased violence, crime and delinquency; academic decline among our students; and often is a factor in birth defects, automobile accidents, and serious illnesses. On a broader scale, this societal problem threatens our state's economic vitality.

In these challenging times, government leaders are being called upon to make hard budgetary decisions and redouble their efforts to make the best possible use of limited resources. As this report indicates, making investments in quality drug prevention, intervention and treatment services is one of the most effective ways to protect public health.

The availability of reliable and comprehensive data is essential to good decision-making at both the state and local level. This publication is a valuable tool in our continuous efforts to eradicate substance abuse among youth and adults in Washington. Together, I know we can help our citizens lead healthier, more productive lives.

Sincerely,


Gary Locke
Governor



Message from the Director

2002 marks the publication of the 10th anniversary edition of *Tobacco, Alcohol, & Other Drug Abuse Trends in Washington State*. Earlier Trends reports dating back to 1993 were published in an effort to document and monitor Washington State's progress towards meeting the national **Healthy People 2000** goals established by the U.S. Department of Health and Human Services. A new report **Healthy People 2010** has now been published, and provides statistical milestones by which health care policymakers and analysts can measure progress in the prevention of disease and disability. The *Trends 2002 Report* makes use of the new target objectives and data included in **Healthy People 2010**.

In these lean economic times, the *2002 Trends Report* demonstrates that the provision of quality substance abuse prevention and treatment services represents an opportunity to impact individuals, families, communities, and our state budget. A study completed last year by the National Center on Addiction and Substance Abuse at Columbia University (CASA) estimated that in 1998, Washington State government spent \$1.5 billion on the consequences of substance abuse, representing 10% of the total state budget. These expenditures were 40% more than the transportation budget for the same year. Only 4% of the \$1.5 billion was spent on prevention and treatment. The remainder was spent on the consequences of substance abuse, representing a cost of \$248 for every state resident.

Data included in ten consecutive *Trends* reports prove beyond a shadow of a doubt that treatment works. Treatment for adolescents reduces school discipline problems, delinquent behavior, involvement in the juvenile justice system, and improves school performance. Treatment for pregnant women reduces the number of low birth weight babies, pre-term deliveries, fetal and infant deaths, and medical costs during the first two years of a child's life. Low-income patients who receive chemical dependency treatment are less likely to require welfare assistance, are more likely to gain employment, have higher wages, utilize fewer medical and psychiatric services, and are arrested less frequently. Drivers accused of Driving Under the Influence are less likely to have a second offense following treatment.

Yet, we are still faced with the reality that 15 out of every 20 adults who are in need of and qualify for publicly funded treatment do not receive it. In addition, many Washington youth are still initiating use of alcohol, tobacco, and other drugs at a very young age. For too many, this use progresses to dependency and addiction. To effect positive change, the funding equation whereby we pay for the consequences of chemical dependency rather than investing in the health and well-being of our citizens and communities will have to be altered in a major way.

With our community partners in the prevention and treatment fields, DASA stands committed to a healthier Washington. We look forward to the challenges of joining with others to ensure our citizens are well-equipped to live happier, more productive lives in communities free of the devastation wrought by alcohol, tobacco, and drug abuse.

Kenneth D. Stark

¹National Center on Addiction and Substance Abuse at Columbia University. (2001). *Shoveling up: The impact of substance abuse on*

ork. NY.



In 2001, the Division of Alcohol and Substance Abuse (DASA), with the assistance of the Citizens Advisory Council on Alcoholism and Drug Addiction and others, adopted a new Strategic Plan for 2001-2006. In doing so, DASA revisited and revised its Mission Statement to reflect the needs of Washington residents and the philosophy behind the operations of the Division as we enter the 21st Century.

Mission

The Mission of the Department of Social and Health Services is to improve the quality of life for individuals and families in need. We will help people to achieve safe, self-sufficient, healthy and secure lives. The Division of Alcohol and Substance Abuse promotes strategies that support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of chemical dependency.

To succeed in its Mission, the Division of Alcohol and Substance Abuse is dedicated to building collaborative partnerships with communities, tribes, counties, service providers, schools, colleges and universities, the criminal justice system, and other agencies within the private sector and within local, state and federal governments. The Division is committed to ensuring services are provided to individuals and communities in ways that are culturally relevant, and honor the diversity of Washington State.

To carry forth our Mission, the Division of Alcohol and Substance Abuse will:

- Develop policy options, and plan for the development and delivery of an effective continuum of chemical dependency prevention and treatment services.
- Provide and ensure quality services that support individuals and families in their efforts to raise children who are free of alcohol, tobacco, and other drugs.
- Educate communities about the importance of maintaining healthy lifestyles, and provide opportunities, tools and resources to enable communities to define and meet their local substance abuse prevention needs.
- Implement a continuum of intervention and treatment services to meet local, regional, tribal and statewide needs, and which specifically address the needs of low-income adults, youth, women, children, and families.
- Support continued recovery and a return to competitive employment by helping individuals surmount barriers to self-sufficiency.



- Develop standards, and assist providers in attaining, maintaining, and improving the quality of care for individuals and families in need of prevention and treatment services.
- Provide training and professional development opportunities for the chemical dependency field.
- Oversee and coordinate research that identifies need for publicly funded services, and assesses prevention and treatment
- Provide management information services and support to internal and external customers.
- Manage available resources in a manner consistent with sound business practices.
- Advocate for the enhanced availability of, and resources for, prevention and treatment services as a primary avenue for protecting and promoting the public health and safety of all Washington residents.

Strategic Goals

As part of its Strategic Plan and to serve its broader mission, DASA has set eight strategic goals for 2001-2006:

- Protect vulnerable adults, children, and families;
- Break down barriers to self-sufficiency;
- Assure public safety and help build strong, healthy communities;
- Reduce misuse and improve lives through preventive action;
- Promote accountability and public stewardship in policy, programs and practice;
- Improve quality through innovation, technology and research;
- Build a strong, committed workforce.



The Division of Alcohol and Substance Abuse (DASA) first published the *Tobacco, Alcohol, and Other Drug Abuse Trends Report* in 1993 as an effort to document and monitor Washington State's progress towards the ***Healthy People 2000: National Health Promotion and Disease Prevention Objectives***. Published in 1990, ***Healthy People 2000*** provided statistical milestones by which health policy makers and analysts can measure progress in the prevention of morbidity and mortality. A successor – ***Healthy People 2010*** – published by the U.S. Department of Health and Human Services, sets new objectives for the current decade.

Healthy People 2000 noted the significant impact that alcohol, tobacco, and other drugs have on the health of individuals and communities:

Recognition and acknowledgement of the gravity of alcohol and other drug problems in the United States are changing the social climate. Almost every national opinion poll places alcohol and other drug problems as a priority concern, and the national effort to prevent these problems have mobilized government, schools, communities, businesses, and families...Progress will depend greatly upon increasing levels of education and awareness.¹

Public education and awareness are integral parts of DASA's goal – to reduce the likelihood of individuals becoming chemically dependent, and to provide an opportunity for chemically dependent persons to achieve and maintain recovery. This *Report* represents an important tool in our ongoing efforts towards this goal.

We continue to expand and refine the *Report*. This year, we have added new information on the actual impact of substance abuse on state government spending and on school performance, and on the relationship between alcohol and drug abuse and child abuse and corrections. There is a new section on treatment completion. In addition, there are reports of new outcome studies on cost offsets achieved by providing chemical dependency treatment to Supplemental Security Insurance recipients, and through the treatment of mentally ill substance-abusing patients. There is also information gained through DASA's new client satisfaction survey. Finally, there are two new essays on policy issues confronting Washington State. They are:

- From Research to Practice
- Treatment Retention and Completion.

¹ U.S. Public Health Service. (1990). *Healthy people 2000: National health promotion and disease prevention objectives* (pp. 164-165). Washington, DC: U.S. Department of Health and Human Services.



The federal Controlled Substance Act (CSA) of 1970 gave Congress the authority to regulate the interstate commerce of drugs, and established five schedules that classify all substances, which were in some manner regulated under existing federal law. The placement of each drug is based upon the substance's medical use, potential for abuse, safety, and risk of dependence. The Act also provides a mechanism for substances to be controlled, or added to a schedule; decontrolled, or removed from control; and rescheduled or transferred from one schedule to another.

In determining into which schedule a drug or other substance should be placed, or whether a substance should be decontrolled or rescheduled, certain factors are required to be considered as follows:

- The drug's actual or relative potential for abuse;
- Scientific evidence of the drug's pharmacological effects;
- The state of current scientific knowledge regarding the substance;
- Its history and current pattern of abuse;
- The scope, duration, and significance of abuse;
- What, if any, risk there is to the public health;
- The drug's psychic or physiological dependence liability;
- Whether the substance is an immediate precursor of a substance already controlled.

Schedule I

- The drug or other substance has a high potential for abuse.
- The drug or other substance has no currently accepted medical use in treatment in the United States.
- There is a lack of accepted safety for use of the drug or other substance under medical supervision.
- Some Schedule I substances are heroin, LSD, marijuana, and methaqualone.

Schedule II

- The drug or other substance has a high potential for abuse.
- The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.

- Abuse of the drug or other substance may lead to severe psychological or physical dependence.
- Schedule II substances include morphine, PCP, cocaine, methadone, and methamphetamine.

Schedule III

- The drug or other substance has a potential for abuse less than the drugs or other substances in Schedules I and II.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.
- Anabolic steroids, codeine and hydrocodone with aspirin or Tylenol, and some barbiturates are Schedule III substances.

Schedule IV

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule III.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule III.
- Included in Schedule IV are Darvon, Talwin, Equanil, Valium and Xanax.

Schedule V

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule IV.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule IV.
- Over-the-counter cough medicines with codeine are classified in Schedule V.



Controlled Substances Uses & Effects

Drugs	CSA Schedules	Trade or Other Names	Medical Uses
NARCOTICS			
Heroin	I	Diacetylmorphine, Horse, Smack	None in U.S., Analgesic, Antitussive
Morphine	II	Duramorph, MS-Contin, Oramorph SR, Roxanol	Analgesic
Codeine	II, III, V	Empirin w/Codeine, Fiorinal w/Codeine, Robitussin A-C, Tylenol w/Codeine	Analgesic, Antitussive
Hydrocodone	II, III	Lorcet, Hycodan, Tussionex, Vicodin	Analgesic, Antitussive
Hydromorphone	II	Dilaudid	Analgesic
Oxycodone	II	Percocet, Percodan, Roxicet, Roxidodone, Tylox	Analgesic
Methadone and LAAM	I, II	Dolophine, levomethadyl acetate, Orlaam	Analgesic, Treatment of Dependence
Fentanyl and Analogs	I, II	Alfenta, Duragesic, Innovar, Sufenta	Analgesic, Anesthetic
Other Narcotics	II, III, IV, V	Buprenex, Darvon, Demerol, opium, Talwin	Analgesic, Antidiarrheal
DEPRESSANTS			
Chloral Hydrate	IV	Noctec, Somnos, Felsules	Hypnotic
Barbiturates	II, III, IV	Amytal, Florinal, Nembutal, Seconal, Tuinal	Anesthetic, Anticonvulsant, Sedative, Hypnotic, Veterinary Euthanasia Agent
Benzodiazepines	IV	Ativan, Dalmane, Diazepam, Halcion, Librium, Paxipam, Rohypnol ² , Serax, Tranxene, Valium, Versed, Xanax	Antianxiety, Sedative, Anticonvulsant, Hypnotic
Glutethimide	II	Doriden	Sedative, Hypnotic
Gamma Hydroxybutyrate¹	I	GHB, Georgia Home Boy, Liquid Ecstasy	None in U.S.
Other Depressants	I, II, III, IV	Equanil, Miltown, Noludar, Placidyl, Valmid	Antianxiety, Sedative, Hypnotic

Source: U.S. Department of Justice, Drug Enforcement Administration

¹ Washington State Board of Pharmacy has GHB and related analogs scheduled in category III.

² Some of the following drug names are products that may contain other active agents.



Physical Dependence	Psychological Dependence	Tolerance	Duration (Hours)	Usual Method	Possible Effects	Effects of Overdose	Withdrawal Syndrome
NARCOTICS							
High	High	Yes	3 - 6	Injected, Sniffed, Smoked	<ul style="list-style-type: none"> • Euphoria • Drowsiness • Respiratory depression • Constricted pupils • Nausea 	<ul style="list-style-type: none"> • Slow & shallow breathing • Clammy skin • Convulsions • Coma • Possible death 	<ul style="list-style-type: none"> • Watery eyes • Runny nose • Yawning • Loss of appetite • Irritability • Tremors • Panic • Cramps • Nausea • Chills & sweating
High	High	Yes	3 - 6	Oral, Smoked, Injected			
Moderate	Moderate	Yes	3 - 6	Oral, Injected			
High	High	Yes	3 - 6	Oral			
High	High	Yes	3 - 6	Oral, Injected			
High	High	Yes	4 - 5	Oral			
High	High	Yes	12 - 72	Oral, Injected			
High	High	Yes	.10 - 72	Injected, Transdermal Patch			
High-Low	High-Low	Yes	Variable	Oral, Injected			
DEPRESSANTS							
Moderate	Moderate	Yes	5 - 8	Oral	<ul style="list-style-type: none"> • Slurred speech • Disorientation • Drunken behavior without odor of alcohol 	<ul style="list-style-type: none"> • Shallow respiration • Clammy skin • Dilated pupils • Weak & rapid pulse • Coma • Possible death 	<ul style="list-style-type: none"> • Anxiety • Insomnia • Tremors • Delirium • Convulsions • Possible death
High-Mod.	High-Mod.	Yes	1 - 16	Oral, Injected			
Low	Low	Yes	4 - 8	Oral, Injected			
High	Moderate	Yes	4 - 8	Oral			
Unknown	Unknown	Yes	Dependent on dose	Oral, Snorted			
Moderate	Moderate	Yes	4 - 8	Oral			



Controlled Substances Uses & Effects

Drugs	CSA Schedules	Trade or Other Names	Medical Uses
STIMULANTS			
Cocaine	II	Coke, Flake, Snow, Crack	Local anesthetic
Amphetamine/Methamphetamine	II	Adderall, Desoxyn, Dexedrine	Attention deficit disorder, narcolepsy, weight control
Methylphenidate	II	Ritalin	Attention deficit disorder, narcolepsy
Other Stimulants	II, III, IV	Adipex, Didrex, Ionamin, Melfiat, Meridia, Plegine, Prelu-2, Preludin, Sanorex, Tenuate, Tepanil	Weight control
CANNABIS			
Marijuana	I	Acapulco Gold, Grass, Mary Jane, Pot, Reefer, Sinsemilla, Thai Sticks	None
Tetrahydrocannabinol	I, II	Marinol, THC	Antinauseant
Hashish and Hashish Oil	I	Hash, Hash Oil	None
HALLUCINOGENS			
LSD	I	Acid, Boomers, Microdot, Trips	None
Mescaline & Peyote	I	Buttons, Cactus, Mescal	None
Amphetamine Variants	I	DOM, DOB, Ecstasy, MDA, MDMA, Nexus, STP	None
Phencyclidine & Analogs	I, II	Angel Dust, Hog, Loveboat, PCE, PCP, TCP	None
Ketamine	III	Ketaject, Ketalar	General anesthetic
Other Hallucinogens	I	Bufotenine, DMT, Ibogaine, Psilocybin, Psilocyn	None
ANABOLIC STEROIDS			
Testosterone (Cypionate, Enanthate)	III	Androderm, Delatestryl, Depo-Testosterone	Hypogonadism
Nandrolone (Decanoate, Phenpropionate)	III	Deca-Durabolin, Durabolin, Nortestosterone	Anemia, Breast cancer
Oxymetholone	III	Anadrol-50	Anemia



Physical Dependence	Psychological Dependence	Tolerance	Duration (Hours)	Usual Method	Possible Effects	Effects of Overdose	Withdrawal Syndrome
STIMULANTS							
Possible	High	Yes	1 - 2	Sniffed, Smoked, Injected	<ul style="list-style-type: none">• Increased alertness• Excitation• Euphoria• Increased pulse rate & blood pressure• Insomnia• Loss of appetite	<ul style="list-style-type: none">• Agitation• Increased body temperature• Hallucinations• Convulsions• Possible death	<ul style="list-style-type: none">• Apathy• Long periods of sleep• Irritability• Depression• Disorientation
Possible	High	Yes	2 - 4	Oral, Injected, Smoked			
Possible	High	Yes	2 - 4	Oral, Injected			
Possible	High	Yes	2 - 4	Oral, Injected			
CANNABIS							
Unknown	Moderate	Yes	2 - 4	Smoked, Oral	<ul style="list-style-type: none">• Euphoria• Relaxed inhibitions• Increased appetite• Disorientation	<ul style="list-style-type: none">• Fatigue• Paranoia• Possible psychosis	<ul style="list-style-type: none">• Occasional reports of insomnia• Hyperactivity• Decreased appetite
Unknown	Moderate	Yes	2 - 4	Smoked, Oral			
Unknown	Moderate	Yes	2 - 4	Smoked, Oral			
HALLUCINOGENS							
None	Unknown	Yes	8 - 12	Oral	<ul style="list-style-type: none">• Illusions and hallucinations• Altered perception of time and distance	<ul style="list-style-type: none">• Longer• More intense “trip” episodes• Psychosis• Possible death	<ul style="list-style-type: none">• Unknown
None	Unknown	Yes	8 - 12	Oral			
Unknown	Unknown	Yes	Variable	Oral, Injected			
Unknown	High	Yes	Days	Oral, Smoked			
Unknown	Unknown	Yes	Variable	Injected, Oral, Smoked			
None	Unknown	Possible	Variable	Smoked, Oral, Injected, Sniffed			
ANABOLIC STEROIDS							
Unknown	Unknown	Unknown	14 - 28 Days	Injected	<ul style="list-style-type: none">• Virilization• Acne• Testicular atrophy• Gynecomastia• Aggressive behavior• Edema	<ul style="list-style-type: none">• Unknown	<ul style="list-style-type: none">• Possible depression
Unknown	Unknown	Unknown	14 - 21 Days	Injected			
Unknown	Unknown	Unknown	24	Oral			



How Washington State Compares With The Nation On Current Health Indicators

Below is a summary of comparisons between Washington State and the nation on the substance use indicators in this year's report. While this summary shows that Washington State appears to be ahead of the nation on many of the indicators (that is, closer to the **Healthy People 2010** objectives), it is important to remember that there is still much room for improvement in the state's efforts to reduce and prevent the tragic consequences of tobacco, alcohol, and other drug use.

Washington State Appears the Same or Better than the Nation in:

Recent Use by 8th, 10th, and 12th Grade Students - Cigarettes
Recent Use by 12th Grade Students - Alcohol
Use of Anabolic Steroids by Male High School Seniors
Adult Smoking Rates
Per Capita Alcohol Consumption
Low Birth Weight Babies
Infant Mortality
Alcohol-Related Traffic Fatalities
Residential Fire Deaths
Liver Cirrhosis Deaths
Deaths from Coronary Heart Disease
Hospital Discharges for Alcohol-Related Morbidity
AIDS Case Rate
Tuberculosis Case Rate
Hepatitis B Case Rate
Syphilis Infection Rate
Gonorrhea Infection Rate
Drug Abuse Violation Arrests
Prostitution Arrests
Homicide Deaths
Aggravated Assault Arrests
Violent Crime Index
Teen Birth Rate

Washington State Appears Worse than the Nation in:

8th, 10th and 12th Grade Students Who Ever Used - Cigarettes
8th, 10th and 12th Grade Students Who Ever Used - Alcohol
8th, 10th and 12th Grade Students Who Ever Used - Marijuana
Recent Use by 8th and 10th Grade Students - Alcohol
Recent Use by 8th, 10th, and 12th Grade Students - Marijuana
Heavy Drinking by 8th, 10th and 12th Grade Students
Perception of Harm by 8th, 10th and 12th Grade Students - Heavy Alcohol Use
Perception of Harm by 8th, 10th and 12th Grade Students - Occasional Marijuana Use
Lung Cancer Deaths
Drowning Deaths
Drug-Related Deaths
Deaths From Chronic Lower Respiratory Disease
Drug-Related Emergency Department Visits
Alcohol-Related Deaths
Property Crime Index
Suicide Deaths
Divorce Rate
DUI Arrests